AMPA	1	UTIONS AND EXP	W/A			State of Nevada	
ame (pri	RIVERSID	EDR BI	Office (if applicable) RENO NV 89	1503	775 Telephone No.	District (if applicable)	
CAL	CA G	nd zip code)			relepriorie No.		
Mail Ad	ppropriate Box(es)	CANDIDATE [	PAC POLPRTY	IND EXP N	ONPROFIT CORP		
		LEGAL DEFENS	SE FUND AMENDED [	LOCAL BAG			
]	Annual Filing -	- Due January 15, 2, 2009 – December 31, 2	2010			HID	
]	Report #1 — D	Que June 1, 2010* 2010 — May 27, 2010				FILED.	
]		— October 26, 201 8, 2010 — Oct. 21, 2010	0*			IAN 1 3 2011 K Rut -	
	Report #3 Due Period: Oct. 22	— <b>January 15, 201</b> 2, 2010 — Dec. 31, 2010	1*/**			CRETARY OF STATE LECTIONS DIVISION FOR OFFICE USE ONLY	
Q.	Annual Filing Period: Januar	<b>– Due January 15, 2</b> ry 1, 2010 – Decemb	2 <b>011</b> er 31, 2010		FOR	COPPIGE USE ONE!	
* T ** T	These Reports ar Γhird Report suff	e filed by incumber ices for 2011 Annu	nts/candidates in the 2 al Filing if candidate a	010 election cy Iso filed Report	Nos. 1 and 2	Cumulative	
	cc	ONTRIBUTIONS SUI	MMARY		This Period	From Beginning of Report Period #1 through End of This Reporting Period	
1	. Total Monetary Con (See page 1 of in	tributions Received in Ex	cess of \$100		\$0.00	\$10,101.00	
2	. Total Monetary Cor		loans guaranteed by a third		\$0.00		
3	I. Total Monetary Cor (See page 2 of ins	ntributions in the form of I	oans that were forgiven		\$0.00	\$0.00	
	`		This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period			
4	I. Total Amount of I	Monetary Contributions		renou	\$0.00	\$10,101.00	
5	(Add Lines 1 throu 5. Total Amount of Wi	gh 3) (See page 2 of instruc- ritten Commitments for in commitment is funded, report	as	1.	70.00	770, 10,00	
	contribution (monetary (See page 2 of instruc	or in kind)) tion sheet)	\$0.00	\$0.00			
6	Excess of \$100	(See page 2 of instruction			5		
			EXPENSES SU	MMARY			
	7. Total Monetary Ex	xpenses Paid in Excess o struction sheet)	f \$100		\$6,948.	14+2,695.24 = 9,643.	
1		ind Expenses in Excess age 3 of instruction shee	4300.00 AFFIRMAT	444.75	_	= 9,643.	
			AFFIRMAT	ION			
I Decla	are Under Penalt	y of Perjury That th	e Foregoing is True a	nd Correct.			
/	1.1.	1/100			1/11/1	1	
1	and A	· lage		Da	to		

CALEB S. CAGE
Name (print)

Office (if applicable)

District (if applicable)

#### **Expense Categories**

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	н
** Goods and services provided in kind for which money would otherwise have been paid	1
Other miscellaneous expenses	J

\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

PAGE 2 OF 7

#Auc

ALSIS Name (print) 5. CAGE

V/A
Office (if applicable)

District (if applicable

## Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 7 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Wachovia Bank NC 8502 563966 Charlotte NC 28256	J	1/10	\$45.00
Wachovia Bank (see above)	J	2110	\$45.00
Wachoria bunk (see abore)	J	3 /10	\$45.00
Wacheria bank (see above)	J	4 /10	\$ 45.00
Wachavia bank (See above)	J	5/10	\$45.00
(see above)	J	6/10	\$45.00
Wachova Bark	J	7 /10	\$45.00
(See above) Wachovia Bunk (See above)	J	8110	\$45.00
(see above) Walhovia Bank (see above)	J	9/10	\$45.00
Wacheria Bane (See above)	J	10/10	\$ 45.00
Wachovia Bank (See Above)	J	11/10	\$45.00
wachowa Bank (See above)	J	12/10	\$45.00

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CALEB 5. CAGE

Office (if applicable)

N/A
District (if applicable)

# Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 7 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
MDESIGN SVC, LLC 672 MLK JR BLVD, Stc 8 MACON GA 31201	D O	1/7/10	\$800.00
P.O. BOX 33396 Reno, NV 89533	J	7/29/10	\$ 130.00
6038 Breithorn Cir Reno NV 89511	J	7/30/10	\$130 00
Grary Page 105 vine St Reno NV 89503	2	8/02/10	\$325. °°
Chris Bogsiano 8720 Chamberly Rd Huntersville AIC 28078	J	3/03/10	\$325.00
Rond Louise Chadwick 505 Vincent Way LAS VEGAS NV 89 145	7	8/03/10	*/62.50
Mike Pile 10226 Coyole Creek Dr Reno NV 89521	J	8/04/10	\$260.00
Alan Shukairy 11276 Terwilligers Cincinnati OH 45249	2	8109110	\$325.00
Tim Tetz 16 Anizona Cir Carson City, NV 89701	2	8/23/10	\$130.00
Rob McDonald 43 Cornwall AVE Cornwall, NY 12520	7	9122/10	\$162.50
Greg Tomlin 44 334 Cornish Came Ashburn, VA 20147	J	9/24/10	\$325.00
Nick Vanderpoel 1636 Springhill Dr Reno NV 89523	5	10/04/10	\$130.00

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W/A
Office (if applicable)

District (if applicable)

### Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 7 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Foothills Ghana fund	J	10/18/10	\$ 325.00
Foothills - Ghana Fund 14770 Champ Dr 2 eno NV 89521	2	12/21/10	\$ 2,878.74

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PAGE 5 OF 7

IN KIND CAMPAIGN CONTRIBUTIONS		Report Period	#
Caleb S. Cage Name (print)	AD00 N/A	N/	4
Name (print)	Office (if applicable)	District (if ap	olical

### IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 6 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRI- BUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 <sup>RD</sup> PARTY IF LOAN GUARANTEED BY 3 <sup>RD</sup> PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN
CM Design 672 min 672 min 672 b Macon GA 31201	סוןד/י	website services	\$300.00			
				N.		

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CALSS S-CAGET Name (print)

MA Office (if applicable)

District (if applicable)

#### IN KIND

Expenses in Excess of \$100

Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
M Design 672 MLK BLVD, Ste 8 Marcon GA 31201	Internet Services	1/7/10	t500.00

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Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362

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